

The Importance of The Counselor in Domestic Violence



Education

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ABSTRACT

Women and children feel after the conflict in great danger, but they should feel the safest. Children are the most vulnerable to the conflicts between partners in a couple. Children's that are direct victims or only witness to domestic violence not only have serious health problems, but they also have behavioral issues, body weight, nutrition issues, or slip issues. Children can have educational issues as well and find it difficult to establish positive relationship. One of the most negative consequences is internalizing violence as future source of conflict resolution. The goal of the study is to point the importance of complementary training of the medical staff of the Emergency Services-special counseling, psycho-therapy. We have used the case study method as a research method common to several social science. This paper has implication in the field of education that we promote in our university.

INTRODUCTION

Partners in conflict are still trying to re-conquer the lost yet beloved model that used to be part of their relationship: this makes them keep together for long periods of time, no matter the consequence (Declaration of the Elimination of Violence against Women, 1983). Children are the most vulnerable site of conflicts between partners in a couple. The goal of this study is a point out the importance of complementary training of the medical staff as therapists or counselors to identify case of domestic violence that could pass for "accidents" (WHO, 1997).

MATERIAL AND METHOD

The case study is a qualitative research method common to several social sciences. This method takes as subjects one or more cases selected from a social unit, from individuals to communities or organizations. A case study involves a systematic information and of reporting results with a view to hypotheses. For example:

Case study 1

Name: A.S. age 37; gender: female; secondary education; occupation: medical retirement, marital status: married; children: one daughter aged 16.

A.S. got married at age 21 to B.B. who was 1 year younger than her. Her husband was the first and only man in her life. It was marriage for love. After 7 years of marriage, the husband starts to have rage crises during which both his wife and daughter stay aside. Until 2005, B.B. never had hit his wife, but after losing his job he became very nervous, started to drink and his fury state materialized in hitting his family members and in throwing objects, frequent. With her daughter's agreement, A.S. went to hospital and appealed to a social assistant of the Centre for Psych pedagogical Assistance who directed her to a shelter for domestic violence victims where she stayed for 3 months, after which she managed to find a dwelling and to file for divorce as ultimate solution.

The causes of domestic violence in this case were alcohol consumption, precarious material state, loss of job, and lack of communication. The decision to file for divorce was taken with the support and agreement of the victim's daughter who played the role of catalyst in her mother's going to hospital and appealing to a specialist. The daughter refuses counseling, but according to her mother her estate has improved, she stopped weeping, and she started seeing her friends again after leaving home together with her mother.

Case study 2

Name: M.W; age: 25; gender: female; education: secondary; occupation: shop assistant; marital status: married; children: 3.

M.W. comes from a monoparental family as an indirect victim of domestic violence. A car crash took place when she was 14.

This marked her and her mother psychically so much that her mother starts to drink and she never date a boy during her teenage, and never attended parties before marriage. M.W. got married at age of 20 forced by her mother, to a neighbor 15 years older than herself. Her mother wanted to have her daughter close to her and, seeing that she would not marry and would not have a boyfriend, decided it would be proper to have her married to the neighbor that had already noticed that the girls had grown up and that she should better have a family of her own. As the neighbor was willing to marry her, they got married. At the beginning, M.W. was very much afraid of her husband whom she respected, but little by little she started to love him. After the first pregnancy, things started to deteriorate. Her husband became aggressive in language and gestures; he became discontent and he soon passed from offensive words to battery. The tension between the two grew gradually but M.W. hoped things would turn to normal; she was humiliated in front of her relatives and friends who saw her battered because, her husband used to say, "a wife need to know where her place is".

After their first child was born, her husband started to drink more and more; he became very jealous and started to rape her every time she would try to talk things over or to ask for explanations. This is how the other two children appeared; M.W. started to hate her husband. She tried to continue to be a wife and mother, but his husband beat her and the children and she decided to run away and go to her mother's place. Her husband took her back by force and beat her hardly with a wet sheet, which made her go to hospital. She was directed to the Centre for Psych pedagogical Assistance where she could talk to a social assistance that sent her to a shelter for victims of domestic violence. She benefited of psych pedagogical, legal, and medical assistance.

M.W. comes from a family in which she knew domestic violence. Because of these she did not want to get married, fearing an aggressive and alcoholic husband. She did it upon her mother's insistence who claimed she knew "what was best for her" and who had made sacrifices for her welfare. In this case, the causes for domestic violence were multiple: the difference in age between the two spouses, a husband chosen by one of the parents, alcohol abuse, and jealousy.

Case study 3

Name: I.D; age: 29; gender: female; education: high; occupation: housewife; marital status: married; children: 1 (aged 2).

I.D. tells that her parents never went on together, that they often fought. Her father was a miner, an alcohol consumer; he was accused of adulterous relationship by his wife. When I.D. grew up, she would, together with her sister, tease him by taking money from his pockets when he was dead drunk, by calling his girlfriend, or by throwing away his bottles of drinks. When became a teenage, she started to have boyfriends, to be back home late at night, and the school records started to be bad. As a result,

her father started battering her. She runs away from home. Helped from by younger sister, she became a student and was supported financially by her mother since her father had died. She started to have a lot of boyfriends. I.D. met A.M. in college, in the terminal year. He was married, but separated from his wife. He fell in love and they started a relationship. After 2-3 years, he got a divorce and their relationship turned stormy, full of fights, final splits and reconciliations. Five year later, she told him she was pregnant which made him ask her to marry him, because of the child. A year after the child was born, the relationship was different. She would take care of the child, helped by her mother, while her husband would go to clubs. When she asked for explanation, she was battered. Then her agency was closed, her car was sold, she was out of money. She was battering when she insisted on accompanying him to parties, her husband claiming she "would ruin the atmosphere". I.D. started to have panic attacks and consulted the specialists of the Hospital. She started to see a therapist and feel better.

I.D. learnt since adolescence to build up relationship with wealthy partners. She admits that never dated a guy with no car and she thinks she worth nothing without a full wallet to support her. She has made her own a faulty system of values and it has marked her entire life. Her marriage was not based on love or respect, but on the fact that her husband could offer her everything she needed. It is her husband who filed for divorce, claiming he wants to be "free" again.

CONCLUSIONS

By presenting these cases, we can confirm that domestic violence is present in all life cycles. Economic causes are related to financial dependence on the husband which generates the inability of leaving such a relationship. Macroeconomic problems can also be indirectly linked to the increase of violence rate included by the worsening of the standard of living that, in its turn, generates alcohol or drug abuse (South-East Europe, Asia, Central Europe and Latin America).

Thus it is confirmed that the largest number of abuse is given by sexual abuse, varied physical abuse, and economic abuse. There is also psychological abuse: intimidation, threat, object destruction, public humiliation and isolation.

Domestic violence includes, in most cases, a male issue: men are afraid, traditionally, that the others might think of them that have a women behavior since men are associated with rationality and women are associated with emotion. These rigid premises - transmitted through all cultural channels - that claim men should not fear or be sad, are in direct conflict with psychological reality: men also need a protection, men are also scared, or they can also feel depended on something or somebody (Goldner, 1990).

But: "What is masculinity?", "What does a *"be a man"* mean?" are the first question specialist on counseling. The answer to this questions depended on both society and the culture of that society. Masculinity is associated to individualism, autonomy, power and control, and later is promoted as models to the children (United Nations Children's Fund, 2000).

Gender inequality is a social reality, but we think that mutuality and complementarity patterns in couple relationship are deeply involved in the violence cycle (Goldner, 1990).

Thus, the man thinks that he will be able to expand the area of privileges within the relationship. In this context, violence appears as a strategy of intimidation aiming and dominance, but that can be understood as a feeling of lost.

Each case of conjugal violence occurs under specific conditions and has particular causes, but there are a series of common factors that define one's existence and the phenomenon trends and that confirm the hypotheses concerning the very diverse form of manifestation as well as the hypotheses concerning the different social categories to witch both victims and abusers may belong. Providers of health services can detect and intervene in cases of family violence. The victims could overcome the emotional blockage and they could speak of the ordeal they were going through.

This paper has implication in the field of education that we promote in our University. We wish to signal the risks to our young female students which are accommodated in our campus and not only.

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